

# Subject/Participant - Eligible Studies

Record ID

Eligible Studies

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☐ Voice Disorders

☐ Neurological and Neurodegenerative Disorders

☐ Mood and Psychiatric Disorders

☐ Respiratory Disorders

☐ Pediatric Disorders

Is Control Participant?

☐ Yes

☐ No

Do you have any of these conditions, diagnosed by a clinician?  
(Check all that apply if you currently have the condition)

Voice Disorders

	Unchecked	Checked
Laryngeal cancer	<input type="radio"/>	<input type="radio"/>
Lesions of the vocal cord (nodule, polyp, cyst)	<input type="radio"/>	<input type="radio"/>
Recurrent laryngeal papilloma (RRP)	<input type="radio"/>	<input type="radio"/>
Spasmodic dysphonia / Laryngeal Tremor	<input type="radio"/>	<input type="radio"/>
Vocal fold paralysis	<input type="radio"/>	<input type="radio"/>

Neurological and Neurodegenerative Disorders

	Unchecked	Checked
Alzheimer's, dementia, or mild cognitive impairment	<input type="radio"/>	<input type="radio"/>
Amyotrophic Lateral Sclerosis (ALS)	<input type="radio"/>	<input type="radio"/>
Parkinson's disease	<input type="radio"/>	<input type="radio"/>

## Mood and Psychiatric Disorders

	Unchecked	Checked
Alcohol or Substance Use Disorder	<input type="radio"/>	<input type="radio"/>
Anxiety disorder	<input type="radio"/>	<input type="radio"/>
Attention-Deficit / Hyperactivity Disorder (ADHD)	<input type="radio"/>	<input type="radio"/>
Autism Spectrum Disorder (ASD)	<input type="radio"/>	<input type="radio"/>
Bipolar Disorder	<input type="radio"/>	<input type="radio"/>
Borderline Personality Disorder (BPD)	<input type="radio"/>	<input type="radio"/>
Depression or Major Depressive Disorder	<input type="radio"/>	<input type="radio"/>
Eating Disorder (ED)	<input type="radio"/>	<input type="radio"/>
Insomnia / sleep disorder	<input type="radio"/>	<input type="radio"/>
Obsessive-Compulsive Disorder (OCD)	<input type="radio"/>	<input type="radio"/>
Panic Disorder	<input type="radio"/>	<input type="radio"/>
Post-Traumatic Stress Disorder (PTSD)	<input type="radio"/>	<input type="radio"/>
Schizophrenia	<input type="radio"/>	<input type="radio"/>
Social Anxiety Disorder	<input type="radio"/>	<input type="radio"/>
Other psychiatric disorder	<input type="radio"/>	<input type="radio"/>

## Respiratory disorders

	Unchecked	Checked
Asthma	<input type="radio"/>	<input type="radio"/>
Airway stenosis (for example: subglottic stenosis; laryngeal stenosis)	<input type="radio"/>	<input type="radio"/>
Chronic Cough	<input type="radio"/>	<input type="radio"/>
COPD	<input type="radio"/>	<input type="radio"/>
Obstructive Sleep Apnea (OSA)	<input type="radio"/>	<input type="radio"/>

## Pediatric disorders

	Unchecked	Checked
Autism Spectrum Disorder (ASD)	<input type="radio"/>	<input type="radio"/>
Speech Delay	<input type="radio"/>	<input type="radio"/>